CLAIMS ONLY

Application Number	Filing Date
9/415568	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	20		4									
Total Depend	4		2									
Total Claims			6									

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						